

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41854**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR Richmond, Mo. TOWN near Harden, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR Carrollton, TOWN 0171	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) High 10 near O.V. R. Pass		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) John Gilford Houston, Jr.		4. DATE OF DEATH (Month) (Day) (Year) 12/11/50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26, 1884
9. AGE (In years last birthday) 66		10. MONTHS 7	11. DAYS 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Business		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Gilford Houston	13b. MOTHER'S MAIDEN NAME Jennie Kelsey	14. NAME OF HUSBAND OR WIFE Sarah Houston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Neil Houston Carrollton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 28 16
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As a result of an accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Caused by a collision of DUE TO (c) a transport truck and a Passenger car near Harden Mo		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 089		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT Suicide (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carrollton, Ray, Mo
21d. TIME OF INJURY 12:12-30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision of truck & car
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE Dr. Robert Coroner	23b. ADDRESS Richmond Mo	23c. DATE SIGNED 12-11-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/11/50	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Carrollton, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home Carrollton
DATE REC'D BY LOCAL REG. Dec-16-1950	REGISTRAR'S SIGNATURE Maluel Jackson	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.